UTAH DIGITAL HEALTH SERVICE COMMISSION MEETING

Thursday, November 7, 2019, 10:00 AM – 12:00 PM MDT

Utah Department of Health
288 North 1460 West, Room 128
Salt Lake City, Utah

Minutes

Members Present: Todd Bailey, Patricia Henrie Barrus (online), Henry Gardner, Ken Schaecher (online), Ben Hiatt (online), Preston Marx (online), Randall Rupper (chair), Sarah Woolsey (Comagine), Mark Dalley, Peter Hannon (online)

Members Absent: Craig Herzog

Staff Members: Navina Forsythe (UDOH), Kailah Davis (UDOH), Valli Chidambaram (UDOH)

Guests: Matt Hoffman, Matt Plendl, Mark Babitz, Sid Thornton (online)

1. Welcome and Introduction /Call to Order:

Rand welcomed everyone at 10:06 AM and there were brief introductions.

2. Approval of Minutes

MOTION 1: The September 2019 meeting minutes were reviewed and Henry requested a minor change. The motion for approval for September 2019 minutes, if amended, was made by Sarah Woolsey at 10:12 am, Henry Gardner seconded. All voted in favor.

Action Items: Update the September 2019 minutes to include Ben Hiatt on the "Members Present" list.

3. Discussion Items

a. <u>Update on member positions</u>

Navina updated the commissioners on the replacement procedure for Tamara, Craig, and Teresa. The nominations are currently in process at the Governor's office and then will have to go through the legislature. Navina mentioned that Peter is also stepping down due to personal reasons. Since Peter represented telework, Navina and Randall welcomed nominations who can replace Peter in that area.

Action Item #1:   Email nominations to Navina.

b. <u>UHIN Updates</u>

Matt Hoffman, the Chief Medical Informatics Officer at the Utah Health Information Network (UHIN), told the commissioners that they are still in the process of looking for a CEO. Talking about progress in their MPI developments, Matt mentioned that they are replacing their MPI and the

platform to make it more useful to the community and to have the tools that are most beneficial for users including care plan exchange, order entry for home health and physicians. Matt went on to explain how UHIN MPI was pushing/ pulling data from other institutions. They've had a connection with IHC for a while for identity resolution. Revere is receiving information from UHIN that they use to resolve identities and improve the quality of their MPI. Henry asked if UHIN's MPI ties in at the national level. Matt responded with examples. He mentioned that they have connected to multiple other HIEs. Patient-Centered Data Home is a centralized project connecting nodes of HIE across the US. UHIN is a part of this initiative and exchanges alerts and identity resolution information. He mentioned this is very useful in scenarios when a physician subscribes to a patient in UT and the patient gets into an accident in Florida while vacationing, the physician here gets the notification for that incident and the need to follow up with that patient when he gets back. UHIN has also connected to a national registry that connects all financial records and address history. This connection helped improve their accuracy from low 80s to 96% last month. Sarah recognized UHIN's role in connecting disparate institutions and making interoperability feasible.

Action Item: none

c. **Overview of metrics**

Duties and responsibilities

Navina started out her presentation with a review of statute 26-9f-104 that outlines the duties and responsibilities of the Commission. The duties are: (i) to make recommendations on general digital health service issues, patient privacy, and information security, (ii) to promote collaborative efforts, (iii) to find ways to utilize digital health to reduce cost, increase access and increase healthcare quality, (iv) to seek public input and (v) to advise the governor and legislature through the Department of Health on policy issues, state budgetary matters and on digital health service needs and resources.

These responsibilities had been met historically by exploring issues through presentations, panels, and discussion. Recommendations were then made to Dr. Miner and the State HIT plan updated accordingly, so progress could be tracked.

State HIT Plan history

In 2013, the State Innovation Model grant-funded a statewide IT initiatives planning process and as part of that effort, the DHS commission worked to identify a vision, and principles and priorities. The Commission then led the development and oversight of Utah's first Health IT Strategic Plan (2016 – 2020) aligning with the national efforts detailed in ONC's National HIT Strategic Plan.

Dashboard history:

The purposes of setting up a dashboard under the SIM grant were (i) to tie to the national agenda and see how Utah stacked up nationwide, (ii) promote community accountability, (iii) Strengthen

partnerships to avoid duplicating efforts within individual organizations, (iv) to have specific aims for seeking grant funding, (v) to demonstrate progress in HIT Plan projects, highlighting success and identifying areas where more resources are needed

The dashboard helps demonstrate the value of the DHSC for providing and supporting the direction of projects, identifying new projects to support the overarching goals and monitoring the progress of individual projects.

Navina then moved on to explain the State HIT Plan, Goal Review and Measurement Dashboard Cycle. The dashboard was first created in January 2018 to guide the meetings of this commission and to have all the goal areas listed. It was then used for regular planning activities. In September 2018, the dashboard was reviewed and updated.

Navina then listed the key items that the Commissioners would want to discuss during the breakout session, in terms of what should be displayed in the dashboard:
   i.   HIT status in Utah
  ii.   Progress in certain goal areas
 iii.   Resources needed to meet goals/objectives
  iv.   Potential barriers to overcome
   v.   Successes that can be celebrated

She also listed the items to discuss going through the individual projects in the list:
  vi.   What is the purpose of the project? What is it trying to achieve?
 vii.   What is the current status of the project?
viii.   Is this important for DHSC to track?
  ix.   How to define the success of a project?
   x.   How to measure that definition of success?
  xi.   Availability of data to measure success?
 xii.   Who would be the responsible party to measure?
xiii.   Are there gaps in the project?

Finally, she listed a couple of items that would help Commissioners plan for the following year in the projects that they are interested in:

 xiv.   Are their presentation or agenda ideas related to projects listed in their goal areas?
  xv.   The Commissioners' ideas and thoughts related to that.

Commissioners took some time to reflect upon the questions asked. They discussed the role, the commission has played in the past, UHIN's role in the projects listed in the dashboard, and in general how HIEs across the country support state-level efforts on information exchange. Commissioners also brainstormed on what should the Commission be focusing on in the future. They also discussed ideas on participating more actively in legislative bills that are of interest to this group.

Action Item #2: Matt will present on HIEs (to debrief the Commission on questions like 1. how major

institutions like VA, exchange information, and if HIEs are involved in that process, currents status of HIEs around the country, 3. National HIE Collaborative Initiative, 4. drawing parallels between national efforts and UHIN's goals).

Action Item #3: Navina will talk to UDOH's legislative liaison and come up with a way to notify commissioners of bills that are of interest to UDHSC.

Action Item #4: Invite a member from UMA to talk about their legislative committee – their responsibilities and the processes in which prioritized bills are deliberated and the channels used to inform legislators of their position on those bills.

d. <u>Thinking through the metrics</u>

Navina and Sarah picked Goal 4 from the State HIT Strategic plan to discuss as a group, so the commissioners could analyze goals and consolidate metrics in a similar fashion when they work in subgroups during the breakout session.

Goal 4 from the document:

GOAL 4: SUPPORT INNOVATION AND APPLIED RESEARCH TO EFFICIENTLY IMPLEMENT STATEWIDE HEALTH IT INITIATIVES

OBJECTIVES:

4A. Promote collaborative innovation and research to advance implementation, utilization and improvement of health IT in public, private and academic settings

4B. Broaden statewide partnership and engagement in implementing the Utah HIT strategic plan

4C. Disseminate evidence-based best practices to enhance statewide adoption of technology solutions

The objectives of the projects listed under this goal were discussed. Sarah mentioned that it is important for the Commission to think about ways to track progress at the goal and at the objective-levels, rather than at the individual project level. She added that the success of the individual projects itself could be reflective of the goal's success, but it is the aggregate of success, failure, learning and adding new projects that drive forward the action of the HIT plan. UHIN's ADT alerts project was discussed as an example of 4C. Sarah explained that this could be used as an example scenario, where the Commission could model a successful project like this from one setting to another. The Commission could focus their efforts on finding settings that could use make effective use of ADT alerts, encourage them to implement and/ or help find funding for that project. Sarah sees the Commission as a dissemination vehicle to forward the State's HIT initiatives.

The Commissioners then broke into subgroups to discuss preassigned goals and objectives from the State HIT plan document.

Topics and Members in the subgroup:
- Patient Involvement Measures- Ben Hiatt, Henry Gardner, Patricia Barrus
- Health Care delivery measures-Mark Dalley, Randall Rupper, Preston Marx

- HIT Infrastructure Measures-Todd Bailey, Peter Hannon, Ken Schaecher
- Innovation and Research Measures-Sarah Woolsey, Navina Forsythe

e. **Groups Report back**

The following suggestions came back from the groups after the breakout session:

  i.   Sarah suggested the Commission use the traffic-signal rating system (Red, Amber, Green or the RAG system) to track the status of the objectives and use the number of active projects listed under each objective as a crude measure to weigh the activeness that objective itself

 ii.   Yearly reports from individual project teams where possible to keep track of the projects at a high level

iii.   The dashboard must include the goals, objectives, and the individual projects under each of these objectives and the status of these projects using the RAG system

 iv.   One project can fit into multiple goals/ objectives. The Commission agreed to this fact and the need to come up with measures to track the progress of the same project listed under multiple objectives

  v.   Navina suggested that the UDHSC creates a communication tool to get more entities to adopt the State HIT plan. Commissioners share the State's HIT plan and encourage organizations to adopt it when they have an opportunity to do so. However, there is no guidance available to these organizations as to how to transfer the HIT goals into specific tasks that's relevant to their organization.

 vi.   ePOLST project: Possible measures are, 'How many practitioners are using it?', 'How many patients are using it?', 'Who's heading up the initiative?'. Along with these, some planning needs to be done on answering questions like, 'How are people educated?', 'How does this go with the metric of this project?'

vii.   There could be projects like the 'OpenNotes Campaign' which focuses on improving patient engagement in EHRs. The developments of this initiative should be followed closely by the commission, but UDHSC is not responsible for this. The Commission will endorse it [OpenNotes] and encourage Utah hospitals to adopt it when it's available in Utah. One measure for this project could be to keep track of the number of hospitals offering it at the national level.

viii. ADT alerts project: Possibility of moving from tracking the number of alerts sent, to tracking the number of useful alerts.

 ix.   Commissioners also found projects where measures needed an update because they were not reflecting the status of the project anymore.

x.   Commissioners also found projects with no measures on it and the need to discuss if the project was even relevant to the commission anymore.

xi.   Sarah acknowledged that some of the projects listed, might not be active at the current moment. She mentioned that when it was originally written, the dashboard was a common reference point for Medicaid, as they were looking to allocate their federal grant money. Therefore, the complete list of all potential future projects added to the dashboard.

xii.   Navina and Sarah, from their discussion, came up with the main idea of being able to track the status of projects listed under each objective using the RAG traffic signal reporting system. They also mentioned that the goals have been looked into in a more detailed fashion and the dashboard has been updated as well. The next step could be to link the two and list the projects under each of these objectives.

xiii.   Navina and Sarah, also pointed out that, it is perfectly okay to not have any measures for some of these projects, as they will only have qualitative updates. They also said if there were not any projects listed under an objective that should be seen as a gap area where the Commission needs to focus on.

xiv.   Sarah summarized their views as seeing the dashboard as an aggregate picture that shows the goals as whole entities with a quick status reveal of each of the projects under it. The commission could then do a deep dive into individual projects as the need arises.

Takeaways by the Commission's chair:

Clearly, Commissioners did not have time to look at all the metrics for all projects in the limited amount of time they had. Randall asked the group if they should try updating the metrics, as a group incrementally, spending some time towards this purpose in every meeting. Ken mentioned that the commissioners have their own unspelled roles like himself being a content expert on topics that are of interest to this Committee, but he mentioned there are also members who have been with the Commission since its inception and has good knowledge of all the things discussed here, who will be apt to lead the group and get opinion from relevant experts in the Commission.

Action Item #4:   Invite speakers to talk on the topic 'Social Determinants of Health Data.'

Action Item #5:   Genetic Privacy data is a potential topic for the next meeting.

4. Informational Items

a. None

5. Wrap Up and Next Steps

MOTION 1:   Having no other business, the meeting to adjourn at 12:04 pm.

The next DHSC meeting is scheduled for Thursday, January 9, 2020 from 10:00 am to 12:00 pm.